

Examples of Community Based EMS Use in Alaska

Matt Anderson, EMS Unit Manager
Alaska Department of Health and Social Services

The Environment

- 586,412 Square Miles
- Pop. 637,892
- Largest City (pop.)
 - Anchorage (250,000)
- Largest City (size)
 - Sitka (4,710 miles²)
- Boroughs – Not Counties
- Many communities and industrial sites are accessible only by air or water
- High recreational use of wilderness and marine resources



Distance:

Unalaska to Anchorage

800 miles

Washington, DC to Milwaukee

810 miles

Alaska Paramedic Scope

12 AAC 40.370 (d) The scope of authorized activities for a mobile intensive care paramedic does not include primary patient care, such as dispensing nonemergency medications, performing physical examinations for nonemergency purposes, and treatment of nonemergency medical conditions included in the scope of practice for a physician, physician assistant, or nurse, unless specifically authorized by the board.

EMT-III (Intermediate Level)

7 AAC 26.670. Approval of additional medications and procedures (a) In order for a medical director to authorize a state-certified EMT-I, EMT-II, or EMT-III to use additional medications or procedures not covered under 7 AAC 26.040(a), (b), or (c), the medical director shall

(1) submit to the department a request for approval; the request must include a plan for training and evaluation covering the additional skills; and

(2) if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures.

Relevant Health Care Issues

Challenges

- Great Distances
- Lack of road systems
- Small population base
 - Few specialists
 - Inadequate patient base to sustain high level medical resources
- Turnover

Strengths

- Telemedicine capabilities increasing
- Systems for training EMS providers and Community Health Aides
- Air-medical resources
- Military support

Example Bush Community



Example Bush Community

- Population 622
- Access by air or river (water/ice)
- 25.5% unemployment, 58% of all adults not in work force
- 21% of residents living below poverty level
- One school
- One clinic
- Most houses without running water and septic

Community Health Aide/Practitioner

- Profession is unique to Alaska
- Practice limited to Indian Health Service
- Model was developed more than 40 years ago
- Curriculum standardized and controlled by review committee
- CHA/P provide focused primary care, health education, health surveillance, emergency care, and other activities



Community Health Aide/Practitioner

- Basic course is 15 weeks broken into 4 sessions
- Four training sites
- Emergency Trauma Technician (First Responder) or EMT training a prerequisite
- Community Health Practitioner highest level



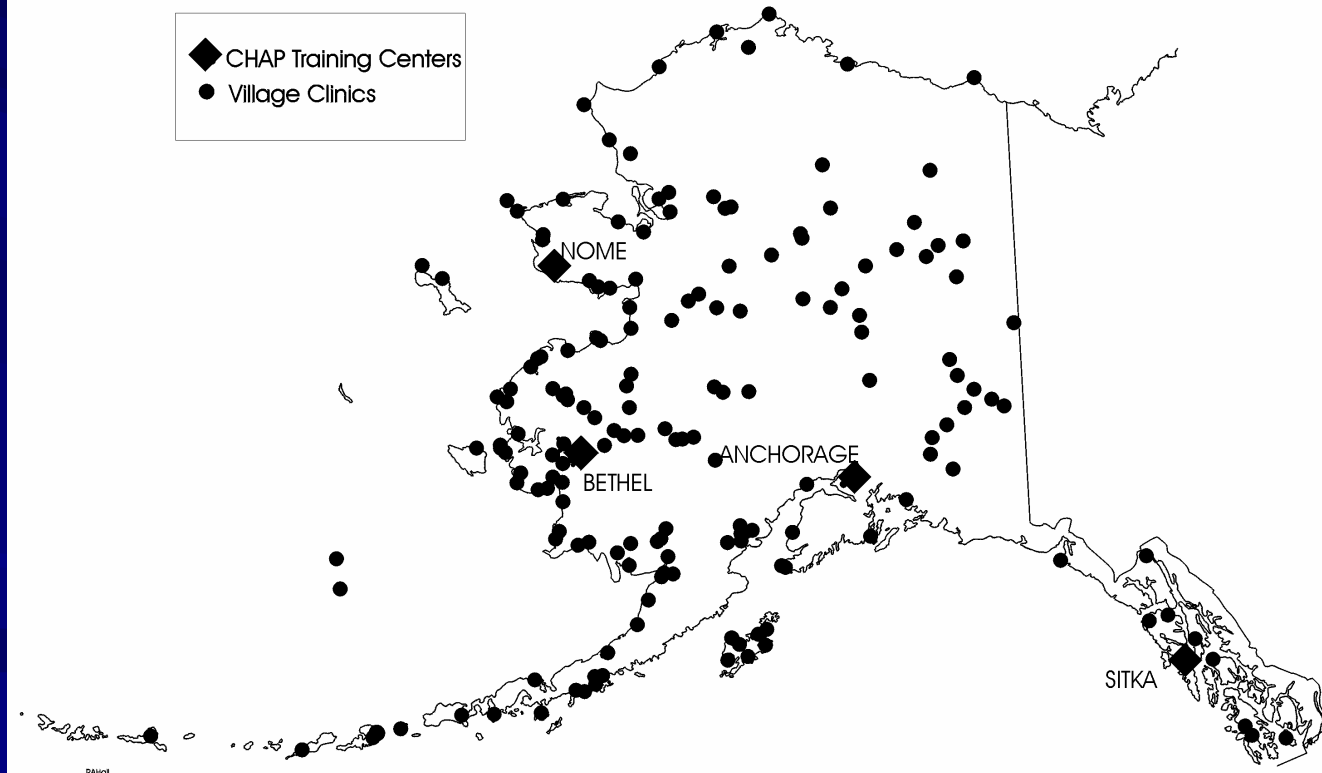
CHA/P

- Typically a resident of the community
- Typically bilingual and familiar with local dialect
- Community involved in applicant selection
- Conscientious and reliable



CHA/P Village Clinics

Community Health Aide/Practitioner Village Clinics



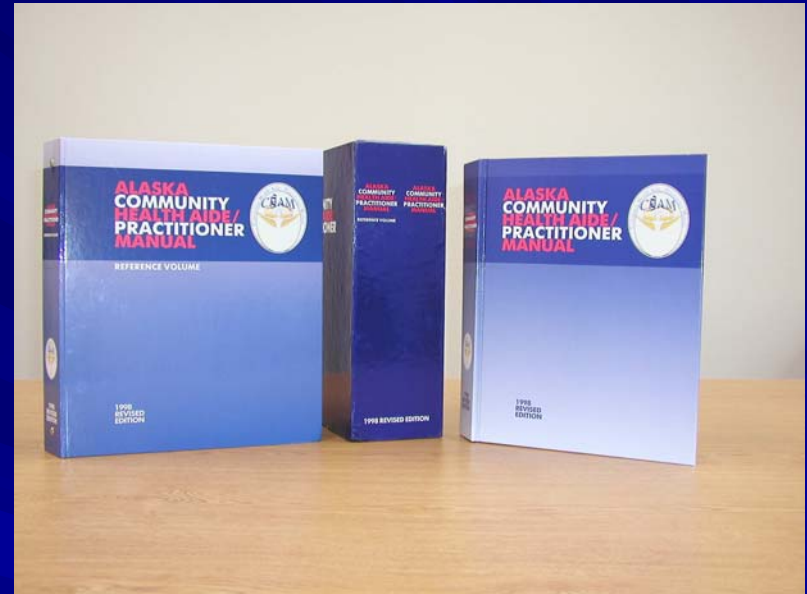
Community Health Aide/Practitioner

- Close physician supervision by telephone, fax and telemedicine
- Many clinics have telemedicine capabilities
- Outstanding *Community Health Aide Manual*



CHAM (Community Health Aide/Practitioner Manual)

- 600 page manual
- Written by Alaskan medical professionals
- Accurate
- Comprehensive
- Revised 1998
- Being revised again!
 - EMS chapter being reviewed by State EMS Training Committee



- Manual
- Reference Volume
- Medicine Chart

Transportation



EMS in Industry



EMS in Industry

- Remote work sites are “communities.”
- Industrial EMS providers serve as “Good Samaritans” to public.
- Reliant on selection of good medics, communications technology, and medical control.



EMS in Industry

- Highly trained personnel providing expanded scope EMS
- EMS is small part of normal job
- Good voice and data communications capabilities
- Well documented transfer protocols
- Active medical control



EMS in Industry

■ Scope of practice includes:

- Administration of limited additional medications;
- Enhanced examination skills;
- Basic hearing testing; and
- Some suturing.



EMS in Industry



EMS in Industry

- Maintains capacity to handle emergencies while able to deal with subset of minor illnesses and injuries.



Wilderness/Delayed Transport EMS

- Usually defined as > 2 hours to medical facility.
- Scope includes:
 - Wound care;
 - Clearing C-Spines;
 - Reduction of some dislocations.



Expanded Scope Characteristics - Alaska

- Expanded scope regulated by Medical Board (Paramedics) and DHSS (EMTs)
- Being performed in limited, mostly industrial settings
- Excellent medical control essential
- Good communications capabilities important
- Based on need and realistic expectations of sustainable resources

Benefits

- Increased access to essential care
- More efficient use of resources
- Decreased costs
 - Dollars
 - Time
 - Other

I wish we had...

- Developed regulations that were more appropriate to expanded scope EMS in the industrial setting.
- Developed modules for most common expanded scope skills to promote consistency.
- Developed model statewide standing orders for all expanded scope skills.